

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

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First Named Inventor Joel Osborne
Art Unit 3751
Examiner Name DOUGLAS, STEVEN O
Attorney Docket Number 3946/0333-US3

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 76808

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 76808

OR


<input type="checkbox"/> Firm or Individual Name	Leason Ellis LLP				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Spencer D. Lloyd				
Date	12/2/08	Telephone	386-526-5313		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

(3946/0333-US3/00012067, 1)

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